

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/03/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/28/2011
NAME OF PROVIDER OR SUPPLIER  BARBOURVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 117 SHELBY STREET, P O BOX 1090 BARBOURVILLE, KY 40906	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to implement developed policies and procedures to prohibit mistreatment/abuse of residents. A review of employee files revealed the facility failed to conduct required criminal background screenings for one of three sampled employees.</p> <p>The findings include:</p> <p>An alleged incident of resident abuse by Certified Nursing Assistant (CNA) #4 against resident #1 was investigated on site at the facility on February 23, 2011.</p> <p>A review of CNA #4's employee file revealed the CNA had been hired by the facility on October 14, 2009. Further review of CNA #4's employee file revealed no evidence that the facility had conducted a criminal background screening on CNA #4 as required.</p> <p>A review of the facility's Abuse Policy (undated)</p>	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Janna Partin**Administrator**3/4/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>revealed the facility would conduct criminal background screenings on all newly hired employees within two working days.</p> <p>An interview was conducted on February 23, 2011, at 3:31 p.m., with the Administrator. The Administrator stated the employee who had been responsible to conduct the criminal background screening for CNA #4 was no longer employed by the facility, but should have completed the screening as required by the facility's Abuse Policy. The Administrator stated the facility had been unaware the screening had not been conducted for CNA #4 until brought to their attention by the surveyor.</p>	F 226			

**Barbourville Health & Rehabilitation Center****Abbreviated Standard Survey February 28, 2011****Plan of Correction****F 226**

1. The Kentucky Court of Justice was contacted immediately for a criminal background check on this employee. A copy was placed in the employee's personnel file.
2. All employee files were reviewed to ensure a criminal background check was performed at time of hire. A criminal background check will be performed upon hire for all potential employees.
3. An in-service was conducted with the Human Resource Director on February 28, 2011 regarding ensuring that all potential employees have a criminal background done timely upon hire.
4. The CQI committee will review all new hires files once per week for one month to ensure that background checks are being done on all employees appropriately. The CQI committee will continue to review the files monthly for one quarter in the monthly CQI Committee meeting. Any irregularities will be addressed immediately.
5. Completion Date: March 4, 2011.